

Exhibit B

RETURN OF SERVICE INFORMATION

| | | | |
|--|----------|----------------------------|---------------|
| COMPLAINT NUMBER | | | |
| 0714 | S | 2018 | 013511 |
| COURT CODE | PREFIX | YEAR | SEQUENCE NO. |
| NEWARK MUNICIPAL COURT 31 GREEN STREET NEWARK NJ 07102-0000 973-733-6520 COUNTY OF: ESSEX | | | |
| # of CHARGES 1 | CO-DEFTS | POLICE CASE #: 18-42702 | |
| COMPLAINANT N L GREEN NAME: 22 FRANKLIN ST ATTN RECORD BUREAU NEWARK NJ 07102 | | | |

THE STATE OF NEW JERSEY

VS.

ANTONIO J MANATA

ADDRESS:
315 WESTFIELD AVE

CLARK NJ 07066-0000

DEFENDANT INFORMATION

SEX: M EYE COLOR: BROWN DOB: 06/06/1975
DRIVER'S LIC. #: M03810547106752 DL STATE: NJ
SOCIAL SECURITY # XXX-XX-X854 SBI #: _____
TELEPHONE #: ()
LIVESCAN PCN #: _____

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about 08/20/2018 in **NEWARK CITY**, **ESSEX** County, NJ did: WITHIN THE JURISDICTION OF THIS COURT, COMMIT THE ACT OF SIMPLE ASSAULT, SPECIFICALLY BY STRIKING VICTIM IN THE FACE WITH A CLOSED FIST, CAUSING VICTIM TO LOSE 4 TEETH FROM THE FRONT OF HIS MOUTH. IN VIOLATION OF 2C:12-1A(1).

in violation of:

| | | | |
|-----------------|----------------|----|----|
| Original Charge | 1) 2C:12-1A(1) | 2) | 3) |
|-----------------|----------------|----|----|

| | | | |
|--|--|--|--|
| Check <input checked="" type="checkbox"/> | Certification by Police Regarding Complaint-Summons | | |
| | I certify that I served the complaint-summons by delivering a copy to the defendant personally. | | |
| | I certify that I personally served the complaint-summons by leaving a copy at the defendant's usual place of abode with a competent member of the household of the age 14 or over _____ Name of family member over 14 years of age _____ | | |
| | I certify that I mailed a copy of the complaint-summons by ordinary mail to the defendant at his or her last known address _____ Defendant's last known address _____ | | |
| | I certify that I served the complaint-summons by delivering a copy to a person authorized to receive service of process on the defendant's behalf. _____ Name and title of authorized person _____ | | |
| | Other manner of service: I certify that I served the complaint-summons in the following manner: _____ | | |
| <input checked="" type="checkbox"/> | I certify that I was unable to serve the complaint-summons. | | |

Signed: N L GREEN NEWARK CITY POLICE DEPT Date of Action: 08/28/2018
Name, Title and Department of Officer

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